



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Max Schaldach, Daniel Lootz, Karsten Koop, and Curt Krantz

Application No.: 09/974,777

Filed: 10/09/2001

Group No.: 3731

Examiner: Michael Thaler

For: STENT

Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

03/06/2006 CNEGA1

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02 FC:1252

450.00 OP

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a) with sufficient postage as first class mail. 37 C.F.R. § 1.10*

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(mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Georgann Testa

Date: February 27, 2006

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$450.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(C	ol. 2)	(Co	ol. 3)	(OTHE	R THAN A	SMALL ENTITY		
	CLAIMS REMAINING AFTER		EST NO.	PRE	SENT					ADI	DIT.
	AMENDMENT	PAID FOR		EXTRA		RATE			FEE		
TOTAL	66		66		0	х	\$	50.00	=	\$	0.00
INDEP.	4		3	=	1	x	\$	200.00	_=	\$	200.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$	180.00	=	\$	0.00
							ΑI	TOTAL DDIT. FEE		\$	200.00

FEE PAYMENT

5. Attached is a check in the sum of \$650.00.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 15-0450.

If an additional fee for claims is required, charge Account No. 15-0450.

Date: 27 February 2006

Reg. No.: 42,451 Tel. No.: 330-864-5550 Customer No.: 021324 Signature of Practitioner

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